DURABLE POWER OF ATTORNEY

I, <<ClientNameFull>>, residing at <<ClientAddress>>, being of sound mind and legal capacity, do hereby make, constitute, and appoint my spouse, <<ClientSpouseFull>>, as my true and lawful attorney-in-fact ("Agent") to act for me in all matters set forth herein. If <<ClientSpouseFull>> is unable or unwilling to serve, I designate <<AlternateAgent>> as my Alternate Agent.

This Durable Power of Attorney shall become effective <<Choice1Execution>>upon execution<<Choice1Execution/>><<Choice2Incapacity>>upon my incapacity as determined by a licensed physician<<Choice2Incapacity/>>, and shall remain in full force and effect unless revoked as provided herein.

POWERS GRANTED TO AGENT – My Agent shall have full power and authority to act on my behalf, including but not limited to:

1. **Real and Personal Property Transactions** – Buying, selling, leasing, or managing any real or personal property that I own or may acquire.
2. **Financial and Banking Transactions** – Managing my bank accounts, writing checks, withdrawing funds, paying bills, and handling any financial matters related to my accounts.
3. **Business Operations** – Managing any business interests I may own, including making contracts, executing documents, and taking necessary actions to protect my interests.
4. **Tax and Legal Matters** – Preparing, signing, and filing tax returns; responding to inquiries from tax authorities; hiring and working with attorneys or accountants as necessary.
5. **Government Benefits** – Applying for, receiving, and managing any government benefits for which I am eligible, including Social Security, Medicare, and Medicaid.
6. **Insurance and Retirement Benefits** – Handling insurance claims, adjusting policies, and managing pension or retirement benefits.<<OptionHCDecisions>>
7. **Health Care Decisions** – My Agent shall have authority to make health care decisions on my behalf to the extent permitted by law. <<OptionHCDecisions/>>.
8. **Legal Proceedings** – Initiating or defending legal actions in my name as necessary.

LIMITATIONS ON AGENT'S AUTHORITY – My Agent shall <<OptionNoGifts>>NOT <<OptionNoGifts/>>have the authority to make gifts or transfer assets to themselves unless explicitly authorized herein. My Agent shall <<OptionNoWills>>NOT <<OptionNoWills/>>have the power to create or amend any testamentary documents, including wills or trusts.

FIDUCIARY DUTY – My Agent shall act in my best interest and avoid any conflicts of interest. They shall keep records of all transactions and provide an accounting upon my request or the request of a court of competent jurisdiction.

REVOCATION – I reserve the right to revoke this Power of Attorney at any time by delivering written notice to my Agent. Additionally, this Power of Attorney shall be revoked upon my death.

STATE-SPECIFIC PROVISIONS – <<OptionCA>>This Power of Attorney is governed by the laws of the State of California and complies with the California Probate Code.<<OptionCA/>><<OptionMN>>This Power of Attorney shall be executed in compliance with the Minnesota Statutes, including any necessary witnessing or notarization requirements. <<OptionMN/>><<OptionNY>>This Power of Attorney is executed in accordance with the laws of New York and shall be accompanied by the required Statutory Gifts Rider if gifting authority is granted. <<OptionNY/>><<OptionTX>>This Power of Attorney is executed in accordance with the Texas Estates Code, and my Agent shall have the authority to make health care decisions only as expressly stated herein. <<OptionTX/>>

EXECUTION – I execute this Durable Power of Attorney on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_**, 20\_\_\_\_**, in the presence of the undersigned witnesses and/or notary public.

<<ClientNameFull>>

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESSES:

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (if required by state law):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature

My Commission Expires: \_\_\_\_\_\_

(SEAL, if applicable)